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Atty Docket No. 021447-000810US

PTO FAX NO.: 1-571-273-8300

ATTENTION: Examiner Alex B. Toy

Group Art Unit 3739

OFFICIAL COMMUNICATION
FOR THE PERSONAL ATTENTION OF
EXAMINER Alex B. Toy

CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that the following documents in re Application of CSABA TRUCKAI ET AL., Application No. 10/781,925, filed February 17, 2004 for ELECTROSURGICAL PROBE AND METHOD OF USE are being facsimile transmitted to the Patent and Trademark Office on the date shown below.

Documents Attached

1. Transmittal (1 page)
2. Response to Restriction Requirement (11 pages)

Number of pages being transmitted, including this page: 13

Dated: 07/21/06



Shemekia N. Brown

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3785

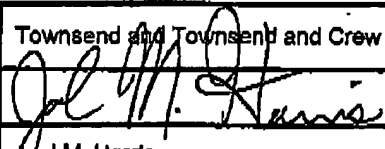
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PTO/8B/21 (09-04)

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10781,925
	Filing Date	February 17, 2004
	First Named Inventor	TRUCKAI, CSABA
	Art Unit	3739
	Examiner Name	Toy, Alex B.
	Attorney Docket Number	021447-000810US
Total Number of Pages in This Submission	12	

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Restriction Requirement	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavit/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Certified Copy of Priority Document(s)	Remarks	The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Townsend and Townsend and Crew LLP		
Signature			
Printed name	Joel M. Harris		
Date	07/21/06	Reg. No.	44,743

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Typed or printed name	Shemekia N. Brown	Date	07/21/06

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PATENT
Attorney Docket No.: 021447-000810US

TOWNSEND and TOWNSEND and CREW LLP

By: Shemekia N. Brown
Shemekia N. Brown

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Csaba Truckai et al.

Application No.: 10/781,925

Filed: February 17, 2004

For: ELECTROSURGICAL PROBE
AND METHOD OF USE

Customer No.: 20350

Confirmation No. 9714

Examiner: Toy, Alex B.

Technology Center/Art Unit: 3739

AMENDMENT

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Restriction Requirement mailed 06/21/06, please enter the following amendments and remarks. It is believed that no fees are due with this response; however, should any fees be required under 37 C.F.R. § 1.16 to 1.21 for any reason, the Commissioner is authorized to charge Deposit Account No 20-1

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 9 of this paper.